

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300087A
PAYMENT ISSUE DATE: 10/25/2013

ALAMEDA COUNTY TREASURER
1221 OAK STREET

OAKLAND CA 94612

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.04099632
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	3,636,006.03
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,636,006.03
YTD Amount:	\$	12,183,403.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

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Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.00011220
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	9,951.13
County Medical Services Program Offset	\$	1,315.00
Net Claim / Payment Amount	\$	8,636.13
YTD Amount:	\$	30,712.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

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Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.00145397
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	128,954.10
County Medical Services Program Offset	\$	62,026.40
Net Claim / Payment Amount	\$	66,927.70
YTD Amount:	\$	308,042.14

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REMITTANCE ADVICE

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BUTTE COUNTY TREASURER

25 COUNTY CENTER DR

OROVILLE CA

95965

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

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Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.00938333
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	832,217.25
County Medical Services Program Offset	\$	595,059.30
Net Claim / Payment Amount	\$	237,157.95
YTD Amount:	\$	1,598,446.11

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CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

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Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.00149501
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	132,593.98
County Medical Services Program Offset	\$	91,395.90
Net Claim / Payment Amount	\$	41,198.08
YTD Amount:	\$	261,497.44

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COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2013-14

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Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.00118559
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	105,151.20
County Medical Services Program Offset	\$	79,998.80
Net Claim / Payment Amount	\$	25,152.40
YTD Amount:	\$	192,338.27

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CONTRA COSTA COUNTY TREASURER

625 COURT ST RM 102

MARTINEZ CA

94553

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2013-14

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Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.02081556
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	1,846,153.55
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,846,153.55
YTD Amount:	\$	6,186,028.49

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DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.00140173
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	124,320.88
County Medical Services Program Offset	\$	78,135.80
Net Claim / Payment Amount	\$	46,185.08
YTD Amount:	\$	260,298.50

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EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA

95667

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.00542726
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	481,349.30
County Medical Services Program Offset	\$	353,528.80
Net Claim / Payment Amount	\$	127,820.50
YTD Amount:	\$	905,830.96

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FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA

95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

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Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.02542398
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	2,254,879.09
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,254,879.09
YTD Amount:	\$	7,555,570.73

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GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS CA 95988

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.00134476
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	119,268.16
County Medical Services Program Offset	\$	78,793.30
Net Claim / Payment Amount	\$	40,474.86
YTD Amount:	\$	242,053.01

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HUMBOLDT COUNTY TREASURER

825 FIFTH STREET ROOM 125

EUREKA CA

95501

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.00944552
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	837,732.94
County Medical Services Program Offset	\$	688,318.20
Net Claim / Payment Amount	\$	149,414.74
YTD Amount:	\$	1,430,411.26

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IMPERIAL COUNTY TREASURER

940 WEST MAIN STREET

EL CENTRO CA

92243 2863

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.00935974
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	830,125.02
County Medical Services Program Offset	\$	639,442.20
Net Claim / Payment Amount	\$	190,682.82
YTD Amount:	\$	1,502,669.76

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INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA

93526

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.00182883
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	162,200.82
County Medical Services Program Offset	\$	110,025.70
Net Claim / Payment Amount	\$	52,175.12
YTD Amount:	\$	323,445.49

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KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA

95798 1240

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2013-14

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Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.01731626
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	1,535,797.01
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,535,797.01
YTD Amount:	\$	5,146,095.42

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KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA

95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2013-14

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Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.00466499
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	413,742.79
County Medical Services Program Offset	\$	283,283.30
Net Claim / Payment Amount	\$	130,459.49
YTD Amount:	\$	819,788.40

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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PAYMENT ISSUE DATE: 10/25/2013

LAKE COUNTY TREASURER

255 NORTH FORBES ST RM 215

LAKEPORT CA

95453

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

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Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.00205165
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	181,962.96
County Medical Services Program Offset	\$	102,296.30
Net Claim / Payment Amount	\$	79,666.66
YTD Amount:	\$	405,122.58

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2013-14

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Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.00147003
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	130,378.48
County Medical Services Program Offset	\$	68,711.30
Net Claim / Payment Amount	\$	61,667.18
YTD Amount:	\$	299,447.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300087A

PAYMENT ISSUE DATE: 10/25/2013

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

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Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.32827790
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	29,115,306.61
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	29,115,306.61
YTD Amount:	\$	97,558,557.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300087A

PAYMENT ISSUE DATE: 10/25/2013

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

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Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.00459604
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	407,627.54
County Medical Services Program Offset	\$	288,214.70
Net Claim / Payment Amount	\$	119,412.84
YTD Amount:	\$	789,435.99

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

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Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.01088548
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	965,444.48
County Medical Services Program Offset	\$	772,590.90
Net Claim / Payment Amount	\$	192,853.58
YTD Amount:	\$	1,689,796.12

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300087A

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MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA

95338

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

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Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.00078332
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	69,473.46
County Medical Services Program Offset	\$	43,506.20
Net Claim / Payment Amount	\$	25,967.26
YTD Amount:	\$	145,776.86

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300087A

PAYMENT ISSUE DATE: 10/25/2013

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.00296652
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	263,103.73
County Medical Services Program Offset	\$	165,499.90
Net Claim / Payment Amount	\$	97,603.83
YTD Amount:	\$	550,599.06

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MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.00573510
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	508,651.95
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	508,651.95
YTD Amount:	\$	1,704,373.33

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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MODOC COUNTY TREASURER

204 COURT ST RM 101

ALTURAS CA 96101

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.00086396
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	76,625.51
County Medical Services Program Offset	\$	46,903.40
Net Claim / Payment Amount	\$	29,722.11
YTD Amount:	\$	162,947.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300087A

PAYMENT ISSUE DATE: 10/25/2013

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA

93517

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.00123309
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	109,364.03
County Medical Services Program Offset	\$	36,930.90
Net Claim / Payment Amount	\$	72,433.13
YTD Amount:	\$	292,591.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300087A

PAYMENT ISSUE DATE: 10/25/2013

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA

95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.00843636
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	748,229.50
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	748,229.50
YTD Amount:	\$	2,507,141.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300087A

PAYMENT ISSUE DATE: 10/25/2013

NAPA COUNTY TREASURER

1195 THIRD STREET ROOM 108

NAPA CA

94559 3035

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.00458914
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	407,015.57
County Medical Services Program Offset	\$	306,296.70
Net Claim / Payment Amount	\$	100,718.87
YTD Amount:	\$	751,220.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300087A

PAYMENT ISSUE DATE: 10/25/2013

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA

95959

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.00291056
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	258,140.58
County Medical Services Program Offset	\$	186,079.30
Net Claim / Payment Amount	\$	72,061.28
YTD Amount:	\$	492,809.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300087A

PAYMENT ISSUE DATE: 10/25/2013

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.05520311
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	4,896,020.94
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,896,020.94
YTD Amount:	\$	16,405,417.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300087A

PAYMENT ISSUE DATE: 10/25/2013

PLACER COUNTY TREASURER

2976 RICHARDSON DRIVE

AUBURN CA

95603

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.00358832
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	318,251.81
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	318,251.81
YTD Amount:	\$	1,066,387.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300087A

PAYMENT ISSUE DATE: 10/25/2013

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.00123396
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	109,441.19
County Medical Services Program Offset	\$	90,519.20
Net Claim / Payment Amount	\$	18,921.99
YTD Amount:	\$	185,673.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300087A

PAYMENT ISSUE DATE: 10/25/2013

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.03234150
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	2,868,401.09
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,868,401.09
YTD Amount:	\$	9,611,339.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300087A

PAYMENT ISSUE DATE: 10/25/2013

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.03348594
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	2,969,902.66
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,969,902.66
YTD Amount:	\$	9,951,446.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300087A

PAYMENT ISSUE DATE: 10/25/2013

SAN BENITO COUNTY TREASURER

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.00176124
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	156,206.20
County Medical Services Program Offset	\$	108,601.10
Net Claim / Payment Amount	\$	47,605.10
YTD Amount:	\$	306,206.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300087A

PAYMENT ISSUE DATE: 10/25/2013

SAN BERNARDINO COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.03592458
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	3,186,188.17
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,186,188.17
YTD Amount:	\$	10,676,171.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300087A

PAYMENT ISSUE DATE: 10/25/2013

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO

95798 0304

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.06138059
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	5,443,908.03
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	5,443,908.03
YTD Amount:	\$	18,241,258.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300087A

PAYMENT ISSUE DATE: 10/25/2013

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

95814-2920

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.06260938
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	5,552,890.68
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	5,552,890.68
YTD Amount:	\$	18,606,433.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300087A

PAYMENT ISSUE DATE: 10/25/2013

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.01414137
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	1,254,212.74
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,254,212.74
YTD Amount:	\$	4,202,572.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300087A

PAYMENT ISSUE DATE: 10/25/2013

SAN LUIS OBISPO COUNTY TREASURER

PO BOX 1149

SAN LUIS OBISPO CA

93406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.00470870
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	417,619.47
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	417,619.47
YTD Amount:	\$	1,399,344.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300087A

PAYMENT ISSUE DATE: 10/25/2013

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.01453003
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	1,288,683.39
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,288,683.39
YTD Amount:	\$	4,318,075.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300087A

PAYMENT ISSUE DATE: 10/25/2013

SANTA BARBARA COUNTY TREASURER

PO BOX 579

SANTA BARBARA CA

93102

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.00867979
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	769,819.55
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	769,819.55
YTD Amount:	\$	2,579,484.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300087A

PAYMENT ISSUE DATE: 10/25/2013

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA

95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.03493360
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	3,098,297.12
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,098,297.12
YTD Amount:	\$	10,381,666.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300087A

PAYMENT ISSUE DATE: 10/25/2013

SANTA CRUZ COUNTY TREASURER

PO BOX 1817

SANTA CRUZ CA

95061

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.00588652
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	522,081.55
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	522,081.55
YTD Amount:	\$	1,749,372.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300087A

PAYMENT ISSUE DATE: 10/25/2013

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.00804393
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	713,424.47
County Medical Services Program Offset	\$	536,101.30
Net Claim / Payment Amount	\$	177,323.17
YTD Amount:	\$	1,318,315.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300087A

PAYMENT ISSUE DATE: 10/25/2013

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE CA

95936 0376

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.00028606
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	25,370.96
County Medical Services Program Offset	\$	13,588.80
Net Claim / Payment Amount	\$	11,782.16
YTD Amount:	\$	57,834.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300087A

PAYMENT ISSUE DATE: 10/25/2013

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.00227384
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	201,669.22
County Medical Services Program Offset	\$	137,203.40
Net Claim / Payment Amount	\$	64,465.82
YTD Amount:	\$	401,339.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300087A

PAYMENT ISSUE DATE: 10/25/2013

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.01146356
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	1,016,715.00
County Medical Services Program Offset	\$	687,112.70
Net Claim / Payment Amount	\$	329,602.30
YTD Amount:	\$	2,032,547.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300087A

PAYMENT ISSUE DATE: 10/25/2013

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA

95812 1204

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.01854596
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	1,644,860.38
County Medical Services Program Offset	\$	1,318,335.90
Net Claim / Payment Amount	\$	326,524.48
YTD Amount:	\$	2,874,871.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300087A

PAYMENT ISSUE DATE: 10/25/2013

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.01149563
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	1,019,559.32
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,019,559.32
YTD Amount:	\$	3,416,304.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300087A

PAYMENT ISSUE DATE: 10/25/2013

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY CA

95992

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.00448589
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	397,858.22
County Medical Services Program Offset	\$	299,611.80
Net Claim / Payment Amount	\$	98,246.42
YTD Amount:	\$	733,905.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300087A

PAYMENT ISSUE DATE: 10/25/2013

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA

96080

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.00302137
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	267,968.43
County Medical Services Program Offset	\$	191,229.90
Net Claim / Payment Amount	\$	76,738.53
YTD Amount:	\$	515,437.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300087A

PAYMENT ISSUE DATE: 10/25/2013

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA

96093 1297

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.00127823
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	113,367.54
County Medical Services Program Offset	\$	61,149.70
Net Claim / Payment Amount	\$	52,217.84
YTD Amount:	\$	257,570.71

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300087A

PAYMENT ISSUE DATE: 10/25/2013

TULARE COUNTY TREASURER

COUNTY CIVIC CENTER RM 103E

221 SOUTH MOONEY BL

VISALIA CA 93291

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.01023676
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	907,908.83
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	907,908.83
YTD Amount:	\$	3,042,189.46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300087A

PAYMENT ISSUE DATE: 10/25/2013

TUOLUMNE COUNTY TREASURER

2 SOUTH GREEN ST

SONORA CA

95370

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.00234036
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	207,568.95
County Medical Services Program Offset	\$	145,532.00
Net Claim / Payment Amount	\$	62,036.95
YTD Amount:	\$	404,452.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300087A

PAYMENT ISSUE DATE: 10/25/2013

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.01356889
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	1,203,438.89
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,203,438.89
YTD Amount:	\$	4,032,441.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300087A

PAYMENT ISSUE DATE: 10/25/2013

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.00373362
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	331,138.62
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	331,138.62
YTD Amount:	\$	1,109,567.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300087A

PAYMENT ISSUE DATE: 10/25/2013

YUBA COUNTY TREASURER

915 8TH ST STE 103

MARYSVILLE CA

95901 5273

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.00366093
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	324,691.67
County Medical Services Program Offset	\$	239,558.00
Net Claim / Payment Amount	\$	85,133.67
YTD Amount:	\$	608,849.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300087A

PAYMENT ISSUE DATE: 10/25/2013

BERKELEY CITY TREASURER

2081 CENTER STREET

BERKELEY CA

94704

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.00123265
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	109,325.00
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	109,325.00
YTD Amount:	\$	366,320.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300087A

PAYMENT ISSUE DATE: 10/25/2013

LONG BEACH CITY TREASURER

333 W OCEAN BL

LONG BEACH CA

90802

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.00559312
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	496,059.60
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	496,059.60
YTD Amount:	\$	1,662,179.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300087A

PAYMENT ISSUE DATE: 10/25/2013

PASADENA CITY TREASURER

PO BOX 7115

PASADENA CA

91109 7215

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected:	\$132,290,121.33	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,691,034.54	County/City Ratio:	0.00187637
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	166,417.20
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	166,417.20
YTD Amount:	\$	557,624.98